

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10576796

Serial No.
Application

Filing Date

4/21/02 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1			51					
2								52					
3								53					
4								54					
5								55					
6								56					
7			1		1			57					
8								58					
9								59					
10								60					
11								61					
12								62					
13								63					
14								64					
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18								68					
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37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			2		2			TOTAL IND.					
TOTAL DEP.			1		11			TOTAL DEP.					
TOTAL CLAIMS			13		13			TOTAL CLAIMS					

BEST AVAILABLE COPY